BC CANCER COLON SCREENING Provincial Health Services Authority

Pre/Post Colonoscopy Unplanned Event

DO NOT PLACE LABEL ABOVE LINE

AFFIX CLIENT LABEL HERE

FAX THIS PAGE TO COLON SCREENING PROGRAM: 1 (604) 297-9340

EXAM DATE: COLONOSCOPY (YYYYMMDD) | PHN | DATE OF BIRTH (YYYYMMDD)

FOLLOW UP DATE (YYYYMMDD) | AMENDED DATE (YYYYMMDD) | PATIENT NAME LAST | PATIENT NAME FIRST | SEX (F/M/X)

COLONOSCOPIST (MSC) | COLONOSCOPIST LAST, FIRST | PRIMARY PROVIDER (MSC) | PRIMARY PROVIDER LAST, FIRST

DATE OF ONSET SYMPTOMS (YYYYMMDD) **Symptoms ongoing?** ○ No ○ Yes DATE OF RESOLUTION (YYYYMMDD)

The day prior to, or within 14 days after undergoing a colonoscopy, this patient had these uplanned event(s):

- ☐ Bowel prep complication
- ☐ Perforation
- ☐ Rectal bleeding → Anticoagulation: ○ No ○ Yes
- ☐ Respiratory
- ☐ Infection
- ☐ Cardiac
- ☐ Death: _____ (YYYYMMDD)
- ☐ Other: _____

Cause of death: _____

Comments: _____

Patient first obtained medical attention: _____ (YYYYMMDD)

☐ Family Physician ☐ Emergency Room ☐ Other: _____

Patient required the following interventions: *(check all that apply)*

- ☐ Blood transfusion
- ☐ Additional Colonoscopy: _____ (YYYYMMDD)
- ☐ Antibiotics
- ☐ Other: _____
- ☐ Surgery: _____ (YYYYMMDD)
- ☐ Hospital admission: _____ (YYYMMDD) to _____ (YYYYMMDD)

Comments: _____

Patient Coordinator Name

Patient Coordinator Signature

Appendix 2 to: Tomaszewski M, Sanders D, Enns R, et al. Risks associated with colonoscopy in a population-based colon screening program: an observational cohort study. *CMAJ Open* 2021. doi:10.9778/cmajo.20200192.